

MADISON COUNTY, VIRGINIA
APPLICATION TO SERVE ON AN APPOINTED BOARD / COMMISSION / COMMITTEE

Application Date: _____

Name of Board / Commission / Committee: _____

Name of Applicant: _____

Home Phone: _____

Daytime Phone: _____

Email Address: _____

E911 Address: _____

Mailing Address: _____

Do you own the property at which you reside? _____

If not, do you own other property in Madison County? _____

Employment Status: _____

Name & Address of Primary Employer: _____

Occupation / Title: _____

Years Resident in Madison County: _____

Previous Residence: _____

Education (List Degrees & Graduation Dates): _____

Memberships in Fraternal, Business, Church, or Social Groups: _____

Memberships in Civic & Charitable Organizations, and Other Activities or Interests: _____

Reasons for Desiring to Serve on this Board / Commission / Committee: _____

Please attach other information relevant to your application and be aware that this document and any information submitted will be available for review by the public under the Freedom of Information Act.

Please return completed forms and direct questions to:

Kim Turner
ktturner@madisonco.virginia.gov
414 N. Main Street
P.O. Box 705
Madison, VA 22727
540-948-6700

Date Received: _____